Telephone interview with CDR Mary J. Wathen, Navy nurse during Korean War who served on Naval Hospital Oakland's amputee ward. Conducted by Jan K. Herman, Historian, Bureau of Medicine and Surgery, 18 March 2002.

Where are you from?

I was born in Omaha. We moved to California when I was about 15. When I graduated high school I worked for civil service. I then decided to go to nursing school in San Francisco. I joined the Navy in 1949.

Why?

When I was with the civil service I worked at Naval Hospital Mare Island. That was during World War II. I got to know some of the nurses and corpsmen there and decided that this was what I wanted to do. I really enjoyed nursing.

Where did you go to nursing school?

St. Joseph's in San Francisco. I went to St. Joseph's for 3 years and as soon as I got out I joined the Navy.

What was your first assignment?

Naval Hospital Oakland in 1949.

So you were there when the Korean War broke out?

No. I had gone back to Mare Island and that's where I was at the time the war broke out.

What do you remember about the war beginning? Did you think that maybe you might end up going to Korea yourself?

I was in the Navy and I guess I wondered whether I would get orders. I only stayed at Mare Island for a few months and then went to flight school at Gunter Air Force Base in Montgomery, AL.

So that's where you met Bobbi [Hovis].

No. I met Bobbi after I finished flight school and went back to the Naval Air Station Alameda. She and I were going out to dinner one night and some of the nurses I had known at Mare Island were coming down to Oakland. Tweedie Searcy was among the ones who came down to dinner. That's where Bobbi and Tweedie met at Willy Dilly's in Oakland.

From Alameda, I went to Hickam Air Force Base.

What did you do at Hickam? Did you fly air evacuation flights like Bobbi did?

Yes, the same thing.

So you flew to Japan to pick up patients and then brought them back to Hickam.

Yes. We picked them up in Tokyo and flew back to Honolulu and then flew them to Travis Air Force Base in California. But our home base was Hickam.

Where did you transfer from there?

Oak Knoll. At Oakland I usually ended up in orthopedics. I also worked on dependents' units a few times.

And then you ended up on the amputee ward?
Yes. There were always amputees around, especially after two wars.

How were the amputees as patients?
They were great patients; I couldn't have had better ones. They were a bit devilish. They would drop water balloons out of the seventh floor of the new hospital. They had wheel chair races down the hills. We'd put them on a gurney on their bellies and give them two canes. They could push themselves around on the gurney. That was part of their locomotion for a while after they got out of bed.

How was the amputee ward set up as part of the hospital?
It was just like the rest of the hospital.

How many patients would you have at any given time?
I was nursing supervisor on the ward. We had 250 patients. In that mix was probably 25 neurosurgical patients, 30 urology patients, and about 30 neurology patients. The rest were amputees. We had an amputee ward for critical amputees. They were usually 40-bed wards and this one ward was usually filled with bed patients--amputees.

Didn't they also fabricate prostheses there?
Yes. The hospital was the center for that kind of work. They had their own prosthetic shop there. They built limbs. If there was anything out of the ordinary, they'd contract it out to a place in Oakland.

What types of prostheses did you work with?
Legs, arms--everything.

Of course, since then, technology has gotten quite advanced with prostheses.
Back then . . . The way they walked. Say, they had a full rate prosthetic up as far as the hip. When they walked, they'd have to swing their body to get their lower leg out.

Weren't there a variety of, for example, leg prostheses?
It was all dependent upon the type of stump they had. They could put a prosthesis on most stumps. The problem was they sometimes had to build up the stump surgically. The prostheses had buckets on them. And the stumps fit in the bucket. That was the weight-bearing surface. Young guys could wear it out really fast. Their stumps would get sore from walking.

How would you correct that?
They'd take them back to surgery.

To make the stump more compatible with the prosthesis?
Yes. That's all they could do in those days. But we were lucky with our prosthetic department. If a patient had a problem in the hospital, they could go right down to prosthetics and they'd measure them and see what was wrong and correct the problem.

Let's say you had a patient who had an amputation below the knee and the stump was healing. Would they wait until the stump healed completely before they would fit a prosthesis?

Yes. The part that fit the patient was the bucket that fit over the stump. The stump didn't go right down to the bottom of the bucket. There was supposed to be a space between the prosthesis and the stump so it didn't get beat up when the patient walked. If it didn't fit, they'd keep adjusting it until it did.

So, each prosthesis was custom-made.

Yes.

I understand Oakland was the prosthetic center for the West Coast.

Yes.

What would a typical day been like for you?

It was like any other day in nursing but the amputee patients were livelier. They were young men and often it hadn't sunk in yet that they would be missing that limb forever. But caring for them was a pleasure because they were full of fun. In the morning the corpsmen would bathe them and change their dressings. The ones who could would get up and about. The others remained in bed.

The Oakland school district was very good to us. They sent us teachers and the bed patients got to go to school. Some got their high school diplomas. There were many patients who didn't have them.

The morale on that ward was very good. I often wondered how they stayed so happy.

These were all young Marines.

Eighteen, nineteen, twenty years old. But, as I said, the morale was good. I think their age had a lot to do with it. I think the other thing that was beneficial were the open wards we had at Oakland. There was all kinds of banter between patients. We kept them busy on cleaning details. Each had his own job to do on the wards.

Did any of the patients ever talk to you about how they got their injuries?

They seldom mentioned it. I don't remember any of them dwelling on it. I asked one kid who had lost both his legs up at the hips. I said, "Danny, wasn't that awful when you looked down and . . ." He said he didn't feel a thing. He was in shock. That's the only time I ever talked to anybody about it. And they just didn't volunteer any information. You just didn't hear war stories.

You must have some who must have gotten depressed over their situation.

We had one kid who was really depressed, but he was also blind.

With the rest of the guys, as soon as their stumps healed and they could get up and walk around on their new legs or use their new arms, they adjusted very well.

We had good occupational and physical therapy departments at Oakland where they got good training.

How long were you there?

I was there from ‘53 to ‘55. Then I back to flying medevacs out of Hickam. I was there for 2 years, then went back to Oakland again in ‘57. I had five tours of duty there.

How were you assigned to the amputee ward? Did you volunteer?

They just said, “Your working with amputees.” We came under the category of orthopedics. As it turned out, caring for amputees was the bulk of our business during the Korean War. In fact, the last 5 years in the Navy, I was working with amputees, this time during the Vietnam War.

Did you retire from the Navy?

Yes. I had 20 ½ years..

What have you been doing since you retired?

Another nurse and I moved up here to the mountains in Twainheart. We have four dogs and live a pretty good life.